

AUTO CR - LOG SUMMARY #1053681

TYPE: INFO

Incident Finding / Overall Case Finding

Description of Incident	Finding	Entered By	Entered Date
It is reported that that Sergeant Steele stopped the male/subject [REDACTED] and questioned him about not being in school. The male/subject became combative in that he clenched his fist, struck the Sergeant on the face which caused her to fall to the ground. The involved members deployed their tasers at which time the male/subject was placed into police custody without further incident.	(None Entered)		

Reporting Party Information

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
CPD Employee	Reporting Party Third Party	WALKER, TOMMY J	[REDACTED]	005 /	SERGEANT OF POLICE	M	BLK		

Incident Information

Incident From Date/Time	Address of Incident	Beat	Dist. Of Occurrence	Location Code	Location Description
30-APR-2012 10:13 - 30-APR-2012 10:13	[REDACTED]	0533	005	304 - STREET	

Accused Members

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Status	Initial / Intake Allegation
------	------	----------	---------	-----------	----------	--------	-----------------------------

Other Involved Parties

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
CPD Employee	Involved Member	CLINKSCALES, PHYLLIS A	[REDACTED]	005 /	POLICE OFFICER	F	BLK		
CPD Employee	Involved Member	FOSTER, BELINDA	18946	005 /	POLICE OFFICER	F	BLK		
NON-CPD	Victim/Subject	[REDACTED]				M	BLK	[REDACTED]	

Involved Party Associations

Role	Rep. Party Name	Related Person	Relationship
------	-----------------	----------------	--------------

Incident Details

CR Required?		Manner Incident Received?	PAX
Confidential?		Biased Language?	N
Extraordinary Occurrence?	N	Bias Based Profiling?	N
Police Shooting (U)?	N	Alcohol Related?	N
Non Disciplinary Intervention:	N	Pursuit Related?	N
Initial Assignment:	IPRA	Violence in Workplace?	N
Notify IAD Immediately?	N	Domestic Violence?	N
EEO Complaint No.:			
Civil Suit No.:		Civil Suit Settled Date:	
Notify Chief Administrator?	N	Notify Chief?	
Notify Coordinator?		Notification Does Not Apply?	Y
Notification Other?	N		
Notification Comments:			

Incident Category List

Incident Category	Primary?	Initial?
20C - GROUP 20 - NOTIFICATIONS TASER DISCHARGE	N	Y
20C - GROUP 20 - NOTIFICATIONS TASER DISCHARGE	Y	Y

Investigator History

Investigator	Type	Assigned Team	Assigned Date	Scheduled End Date	Investigation End Date	No. of Days
--------------	------	---------------	---------------	--------------------	------------------------	-------------

Extension History

Name	Previous Scheduled End Date	Extended Scheduled End Date	Date Certified Letter Sent	Reason Selected	Explanation	Extension Report Date	Approved By	Approved Date	Approval Comments
------	-----------------------------	-----------------------------	----------------------------	-----------------	-------------	-----------------------	-------------	---------------	-------------------

Current Allegations

Accused Name	Seq. No.	Allegation	Category	Subcategory	Finding
--------------	----------	------------	----------	-------------	---------

Situations (Allegation Details)

Accused Name	Alleg. No.	Situation	Victim/Offender Armed?	Weapon Types	Weapon Other	Weapon Recovered?	Deceased?
--------------	------------	-----------	------------------------	--------------	--------------	-------------------	-----------

Status History

Resulting Status	Status Date/Time	Created By	Position	UOA / UOD	Comments
ADMINISTRATIVELY CLOSED	29-MAY-2012 12:43	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
CLOSED AT C.O.P.A.	29-MAY-2012 12:43	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
PENDING ASSIGN TEAM	04-MAY-2012 07:46	ROBERTS, GEORGE	SUPERVISING INVESTIGATOR	113 /	
PENDING SUPERVISOR REVIEW	04-MAY-2012 07:33	TOPPINS, YOLANDA	INTAKE AIDE	113 /	
PRELIMINARY	03-MAY-2012 09:38	ROBERTS, GEORGE	SUPERVISING INVESTIGATOR	113 /	
PENDING SUPERVISOR REVIEW	03-MAY-2012 09:22	TOPPINS, YOLANDA	INTAKE AIDE	113 /	
PRELIMINARY	30-APR-2012 01:10	TOPPINS, YOLANDA	INTAKE AIDE	113 /	

Attachments

No.	Type	Related Person	No. of Pages	Narrative	Original in File	Entered By	Entered Date/Time	Status	Approve Content	Approve Inclusion
1	FACE SHEET					TOPPINS, YOLANDA	30-APR-2012 01:10			
	DOCUMENTS - INTAKE INCIDENT		2	PO Phyllis Clinksdale Star# 12691	N	TOPPINS, YOLANDA	03-MAY-2012 08:46	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		2	PO Brenda Foster Star# 18946	N	TOPPINS, YOLANDA	03-MAY-2012 08:46	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		2	Sergeant Tommy Walker	N	TOPPINS, YOLANDA	30-APR-2012 02:44	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		1	Sergeant Tommy Walker	N	TOPPINS, YOLANDA	01-MAY-2012 01:03	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		6	Case Report: Aggravated Battery - [REDACTED]	N	TOPPINS, YOLANDA	03-MAY-2012 09:16	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		10	[REDACTED]	N	TOPPINS, YOLANDA	03-MAY-2012 09:15	APPROVED		

Review Incident

Review Type	Accused/Involved Member Name	Result Type	Reviewed By	Position	Unit	Review Date	Remarks
-------------	------------------------------	-------------	-------------	----------	------	-------------	---------

Review Accused

Review Type	Accused/Involved Member Name	Result Type	Reviewed By	Position	Unit	Review Date	Remarks
-------------	------------------------------	-------------	-------------	----------	------	-------------	---------

Accused Finding History

Accused	Allegation	Reviewed By	Reviewed Date/Time	CCR?	Concur?	Finding	Finding Comments
---------	------------	-------------	--------------------	------	---------	---------	------------------

Accused Penalty History

Accused	Reviewed By	Reviewed Date/Time	CCR?	Concur?	Penalty	Penalty Comments
---------	-------------	--------------------	------	---------	---------	------------------

Findings

Accused Name	Allegations	Category	Concur?	Findings	Comments
--------------	-------------	----------	---------	----------	----------

FACE SHEET (Notification Date: 30-APR-2012) - LOG #1053681

TYPE: INFO

Reporting Party Information

	Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
CPD Employee	Reporting Party Third Party	WALKER, TOMMY J			005 /	SERGEANT OF POLICE	M	BLK		

Incident Information

Incident From Date/Time	Address of Incident	Beat	Dist. Of Occurrence	Location Code	Location Description
30-APR-2012 10:13 - 30-APR-2012 10:13		0,0533	005	304 - STREET	

Accused Members

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Status	Initial / Intake Allegation
------	------	----------	---------	-----------	----------	--------	-----------------------------

Incident Details

CR Required?		Manner Incident Received?	PAX
Confidential?		Biased Language?	N
Extraordinary Occurrence?	N	Bias Based Profiling?	N
Police Shooting (U)?	N		
Motor Vehicle (V)?		Alcohol Related?	N
Non Disciplinary Intervention:	N	Pursuit Related?	N
Initial Assignment:	IPRA	Violence in Workplace?	N
Notify IAD Immediately?	N	Domestic Violence?	N
EEO Complaint No.:			
Civil Suit No.:		Notify Chief?	
Notify Chief Administrator?	N	Notification Does Not Apply?	Y
Notify Coordinator?			
Notification Other?	N		

Initial Incident Category List

Initial Incident Category	Primary?
20C - GROUP 20 - NOTIFICATIONS TASER DISCHARGE	N
20C - GROUP 20 - NOTIFICATIONS TASER DISCHARGE	Y

Assignment History

Assigned To	Assigned Team	Investigator	Assignment Date/Time	Assigned By	Reason
IPRA	CIVILIAN OFFICE OF POLICE ACCOUNTABILITY	-	30-APR-2012 13:10	TOPPINS, YOLANDA	

Status History

Resulting Status	Status Date/Time	Created By	Position	UOA / UOD	Comments
ADMINISTRATIVELY CLOSED	29-MAY-2012 12:43	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
CLOSED AT C.O.P.A.	29-MAY-2012 12:43	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
PENDING ASSIGN TEAM	04-MAY-2012 07:46	ROBERTS, GEORGE	SUPERVISING INVESTIGATOR	113 /	
PENDING SUPERVISOR REVIEW	04-MAY-2012 07:33	TOPPINS, YOLANDA	INTAKE AIDE	113 /	
PRELIMINARY	03-MAY-2012 09:38	ROBERTS, GEORGE	SUPERVISING INVESTIGATOR	113 /	
PENDING SUPERVISOR REVIEW	03-MAY-2012 09:22	TOPPINS, YOLANDA	INTAKE AIDE	113 /	
PRELIMINARY	30-APR-2012 01:10	TOPPINS, YOLANDA	INTAKE AIDE	113 /	

**TASER**
INTERNATIONAL**TASER Information**

Serial # X00-555356
Model # X26
X26 Software Version 22
Dataport CD Version 15.6
Record Date Range 04/30/2012 -
04/30/2012
Computer Time Zone Central Standard
Time
**Using Daylight
Savings Time** Yes

Downloaded By

Name Tommy Walker
Dept CPD
Rank Sgt
**Windows
Version** Microsoft® Windows NT(TM)
Service Pack 3
**Report
Generated** 04/30/12 12:29:09 (local)

Recorded Firing Data

Seq	GMT Time	Local Time	Duration	Temp	Battery
0001	04/30/12 15:13:55	04/30/12 10:13:55	5	30	99
0002	04/30/12 15:13:59	04/30/12 10:13:59	4	30	98

Recorded X26 Time Changes

Seq	GMT Time	Local Time	Change Type
-----	----------	------------	-------------

End of Report.

**TASER Information**

Serial # *X00-554067*
Model # *X26*
X26 Software Version *22*
Dataport CD Version *15.6*
Record Date Range *04/30/2012 -*
04/30/2012
Computer Time Zone *Central Standard*
Time
Using Daylight
Savings Time *Yes*

Downloaded By

Name *Tommy Walker*
Dept *CPD*
Rank *Sgt*
Windows
Version *Microsoft® Windows NT(TM)*
Service Pack 3
Report
Generated *04/30/12 12:32:15 (local)*

Recorded Firing Data

Seq	GMT Time	Local Time	Duration	Temp	Battery
0001	04/30/12 15:23:15	04/30/12 10:23:15	5	28	89
0002	04/30/12 15:23:32	04/30/12 10:23:32	5	29	89

Recorded X26 Time Changes

Seq	GMT Time	Local Time	Change Type
-----	----------	------------	-------------

End of Report.

1053681

**TASER**
INTERNATIONAL**TASER Information**

Serial # X00-554067
Model # X26
X26 Software Version 22
Dataport CD Version 15.6
Record Date Range 04/30/2012 -
04/30/2012
Computer Time Zone Central Standard
Time
**Using Daylight
Savings Time** Yes

Downloaded By

Name Tommy Walker
Dept CPD
Rank Sgt
**Windows
Version** Microsoft® Windows NT(TM)
Service Pack 3
**Report
Generated** 04/30/12 12:32:15 (local)

Recorded Firing Data

Seq	GMT Time	Local Time	Duration	Temp	Battery
0001	04/30/12 15:23:15	04/30/12 10:23:15	5	28	89
0002	04/30/12 15:23:32	04/30/12 10:23:32	5	29	89

Recorded X26 Time Changes

Seq	GMT Time	Local Time	Change Type
End of Report.			

TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED	1. DATE OF INCIDENT 30-APR-2012		TIME 10:11:00		2. ADDRESS OF OCCURRENCE			3. LOCATION CODE 123		4. BEAT/OCCUR 0533							
	5. POSITION 9161		6. LAST NAME CLINKSCALES		7. FIRST NAME PHYLLIS A		8. STAR NO. 12691		9. SEX <input type="checkbox"/> 01 M <input checked="" type="checkbox"/> 02 F		10. RACE CODE BLK		11. AGE 508		12. HT. 155		
	14. DATE OF APPT. 22-MAY-1991		15. EMPLOYEE NO.		16. UNIT & BEAT OF ASSIGNMENT 005 0533		17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No						
SUBJECT INFORMATION	20. LAST NAME CLINKSCALES		21. FIRST NAME PHYLLIS		22. M.I.		23. SEX <input type="checkbox"/> 01 M <input checked="" type="checkbox"/> 02 F		24. RACE BLK		25. D.O.B.		26. HT. 508		27. WT. 180		
	28. ADDRESS		29. TELEPHONE NO.		30. WAS SUBJECT ARMED? HANDS/FISTS <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		31. SUBJECT INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		32. SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No								
	33. WHERE WAS MEDICAL TREATMENT OBTAINED?		34. BY WHOM?		35. CONDITION <input checked="" type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid		36. CHARGES PLACED 720 ILCS 5.0/12-3.05-D-4, 720 ILCS 5.0/12-2(A-10), 720 ILCS 5.0/12-2(A-10), 720 IL		37. CB NO.		IR NO.						
REASON FOR USE OF FORCE (Check all that apply)	38. DNA		PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT: ASSAULT		ASSAILANT: BATTERY		ASSAILANT: DEADLY FORCE						
	DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/>		FLED <input checked="" type="checkbox"/>		IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/>		ATTACK WITH WEAPON <input type="checkbox"/>		ATTACK WITHOUT WEAPON <input type="checkbox"/>		USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/>						
	STIFFENED (DEAD WEIGHT) <input type="checkbox"/>		PULLED AWAY <input checked="" type="checkbox"/>		OTHER _____		OTHER _____		OTHER _____		WEAPON <input type="checkbox"/>						
WEAPON DISCHARGE INCIDENT	MEMBER PRESENCE <input checked="" type="checkbox"/>		OPEN HAND STRIKE <input type="checkbox"/>		ELBOW STRIKE <input type="checkbox"/>		KNEE STRIKE <input type="checkbox"/>		FIREARM <input type="checkbox"/>								
	VERBAL COMMANDS <input type="checkbox"/>		TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/>		CLOSED HAND STRIKE/PUNCH <input type="checkbox"/>		KICKS <input type="checkbox"/>		OTHER _____								
	ESCORT HOLDS <input type="checkbox"/>		OC CHEMICAL WEAPON <input type="checkbox"/>		IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/>		IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>										
CASE INFO.	39. DNA		* OC/CHEMICAL WEAPON AUTHORIZED BY (NAME)		40. ADDITIONAL INFORMATION												
	POSITION		STAR NO.		UNIT												
	41. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input checked="" type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER		42. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors		43. LIGHTING CONDITIONS <input checked="" type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial		44. WEATHER CONDITIONS CLEAR										
SIGNATURES	49. TASER DART ID NO. C310131X6		50. WEAPON SERIAL No. (Include Letters) X00-555356		51. CHICAGO GUN REG. NO.		52. IL FIREARM OWNER ID. NO.		53. HANDGUN CERTIFICATE NO.								
	54. SPECIAL WEAPON CERTIFICATE NO.		55. PROPERTY INVENTORY NO.		56. TYPE OF AMMUNITION USED		57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER 2		58. TOTAL NO. OF SHOTS MEMBER FIRED								
	59. WHO FIRED FIRST SHOT <input checked="" type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (SPECIFY)		60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		61. NO. OF CARTRIDGES/ SHOT SHELLS RELOADED		62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify)										
63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify)		64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD		65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO													
66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)		67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.															
68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN		69. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)															
72. NOTIFICATIONS (OC OR TASER INCIDENT): <input checked="" type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR. NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR. <input type="checkbox"/> OP COMMAND <input type="checkbox"/> DET. DIV. Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.																	
73. REPORTING MEMBER (Print Name) CLINKSCALES, PHYLLIS A		STAR/EMPLOYEE NO. 12691		SIGNATURE													
74. REVIEWING SUPERVISOR (Print Name) WEST, LAURA A		STAR NO. 1799		SIGNATURE				DATE REVIEWED 30-APR-2012 12:52:27		TIME							

WEAPON DISCHARGE INCIDENT	39. <input type="checkbox"/> DNA		41. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER <input type="checkbox"/> 07 OTHER		42. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors		43. LIGHTING CONDITIONS <input checked="" type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial		44. WEATHER CONDITIONS CLEAR		
	45. MAKE/MANUFACTURER				46. MODEL		47. BARREL LENGTH		48. CALIBER/GAUGE		
	49. TASER DART ID NO.		50. WEAPON SERIAL No. (Include Letters) X00-555356			51. CHICAGO GUN REG. NO.		52. IL FIREARM OWNER ID. NO.		53. HANDGUN CERTIFICATE NO.	
	54. SPECIAL WEAPON CERTIFICATE NO.		55. PROPERTY INVENTORY NO.		56. TYPE OF AMMUNITION USED		57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER. 2		58. TOTAL NO. OF SHOTS MEMBER FIRED		
	59. WHO FIRED FIRST SHOT <input checked="" type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (SPECIFY)			60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		61. NO OF CATDRIDGES/ SHOT SHELLS RELOADED		62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify)			
	63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify)				64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD				65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		
66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)						67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.					
68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN						69. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)					

70. EVENT NO.

WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM; 2.) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR; 3.) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON.

THE ADS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING; 1.) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON; 2.) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☒ UNABLE TO INTERVIEW (Specify Reason)

Subject was released prior to this lieutenant's tour.

76. WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

Objective force was used to take an assailant into custody. This action was in compliance with Department procedures and directives.

77. WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. 1053681 OBTAINED

78. WATCH COMMANDER/OCIC (Print Name)

CASEY, MICHAEL F

SIGNATURE

DATE COMPLETED

TIME

02-MAY-2012 12:33:16

79. DISTRIBUTION OF ORIGINAL TRR:

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS.

ATTACHMENTS - PHOTOCOPIES OF:

☐ SUPPLEMENTARY REPORT

☐ I.O.D. REPORT

80. TOTAL TRR's THIS EVENT No.

☐ CASE REPORT

☒ OFFICER BATTERY REPORT

☐ CR INITIATION REPORT

7

☐ ARREST REPORT

☐ TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)